



**SEMINOLE COUNTY GROWTH MANAGEMENT
DEPARTMENT
PLANNING AND DEVELOPMENT DIVISION
1101 EAST FIRST STREET ROOM 2028
SANFORD, FL 32771
(407) 665-7371 PHONE (407) 665-7385 FAX APPL.NO. _____**

APPLICATION FOR AN OUTDOOR ADVERTISING SIGN AGREEMENT

Applications for an Outdoor Advertising Sign Agreement shall include all applicable items listed in the Application Checklist. No application will be reviewed until a complete application (including all information requested below) has been received by the Growth Management Department, Planning & Development Division.

	PROPERTY OWNER	AUTHORIZED AGENT *
NAME		
ADDRESS		
PHONE 1		
PHONE 2		
E-MAIL		

*Applicant Authorization Form required

PROJECT INFORMATION	
PROJECT NAME	
SITE ADDRESS	
CURRENT USE	
GENERAL LOCATION	
PROPERTY ID NUMBER(S)	
SIZE OF PROPERTY	acres

By my signature hereto, I do hereby certify that the information contained in this application is true and correct to the best of my knowledge, and understand that deliberate misrepresentation of such information will be grounds for denial or reversal of this application and / or revocation of any approval based upon this application. I also represent that I have the lawful right and authority to file this application.

SIGNATURE OF AUTHORIZED APPLICANT*

DATE

* Proof of owner's authorization is required with submittal if signed by agent.

Application Checklist

All applications for an Outdoor Advertising Sign Agreement must include the following:

1. Draft Outdoor Advertising Sign Agreement in digital Word format (examples available upon request). Must include written waiver and release by the sign owner, the property owner and any sign lessees per SCLDC Section 30.1253.
2. 11X17 site plan showing the location of the proposed sign, including its relation to adjacent roadways, zoning and Future Land Use designations, setbacks and any proposed buffers.
3. Statement that the proposed sign complies with the Future Land Use designation and zoning district, or a justification statement for why the proposed location is in the public interest per SCLDC Section 30.1253.
4. Statement that the proposed sign complies with all applicable setbacks required by SCLDC Part 65, or a justification statement for why the proposed location is in the public interest per SCLDC Section 30.1253.
5. Rendering and specifications of the proposed sign, including dimensions.
6. The number, location and specifications of the outdoor advertising signs to be removed, including if they are non-conforming.
7. A description of any non-conforming structures that would be created by the proposed Agreement.

Once your application is deemed sufficient, it will be reviewed by Staff and scheduled for the earliest available Board of County Commissioners meeting.

SEMINOLE COUNTY APPLICANT AUTHORIZATION FORM

(ORIGINAL ONLY)

An authorized applicant is defined as:

- The property owner of record: or
- An agent of said property owner (power of attorney to represent and bind the property owner must be submitted with the application); or
- Contract purchaser (a copy of a fully executed sales contract must be submitted with the application containing a clause or clauses allowing an application to be filed).

I _____, the fee simple owner of the following
(Owner's Name)

described property (Provide Legal Description or Tax Parcel ID Number(s) _____

_____ hereby petition Seminole County for an Outdoor Advertising Sign Agreement and affirm that _____

_____ is hereby designated to act as my / our authorized agent and to file the attached application for the stated action and make binding statements and commitments regarding the request.

Owner's Signature(s)

I certify that I have examined the application and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand that this application, attachments and become part of the Official Records of Seminole County, Florida and are not returnable.

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20____.

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared _____, who is personally known to me or who has produced _____ has identification and who executed the foregoing instrument and sworn an oath.

WITNESS my hand and official seal in the County and State last aforesaid this ____ day of _____, 200__.

Notary Public in and for the County and State
Aforementioned

My Commission Expires: _____